I HEREBY GIVE MY CONSENT TO SUE FOR OVERTIME/LIQUIDATED DAMAGES OWED TO ME BY CAMERON COUNTY, TEXAS FOR THE PERIOD OF TIME WHICH I WAS EMPLOYED BY THE COUNTY.

DATE:

ClibPDF - www.fastio.com

SIGNATURE

Printed Name:

City: Sown Ville, TX 78521

Telephone No. (210) 831-3978